

COVID-19 TEST TO STAY, PLAY, AND PARTICIPATE AGREEMENT

Start Date: _____ Estimated End Date: _____

_____ has been identified by the Harvey County Health Department as the contact of a positive COVID case. USD 439 has implemented the modified quarantine guidelines. These guidelines allow students to attend school when they have been identified as a contact if they test negative at school for COVID each morning of their quarantine.

The parent or designated emergency contact will:

1. Be available to assist with the nasal swab rapid testing.
2. Be available to take the student home if they test positive in the morning at school.

The student will:

1. Report to USD 439 testing site every morning of their quarantine.
2. Cooperate with nasal swab rapid COVID testing.
3. Wear a mask while at school during their designated quarantine period.
4. Wear a mask while being transported in a school vehicle.
5. Maintain 6 feet distance from others while at school.
6. Check in at the office and present pass for the day.
7. Ask to see the nurse immediately if symptoms of COVID are experienced.

The school will:

1. Notify all building staff with a need to know of the students participating in "Test to Stay, Play, and Participate".
2. Ensure that the student is following the "Test to Stay, Play, and Participate" guidelines.

Stay to Play and Participate:

1. If activity/event is outdoors and contact may remain 6 feet or more from others, masks are not required.
2. If events are on a Saturday or Sunday of quarantine period, individual must be tested prior to participation.
3. Masking is required when contact is in huddles, close quarters, or indoors.
4. Masks are required while being transported in a school vehicle.

Rapid Test Participant Understanding:

1. Both parent and student understand that the conditions of this agreement are for the safety of all our students and staff. By not following this agreement, both the undersigned student and parent understand this "Test to Stay, Play, and Participate" agreement may be voided by USD 439 administration, and any remaining days or future quarantines will be served at home.

I give permission for _____ to participate in daily rapid COVID testing at school during their quarantine period.

Student Signature: _____

Parent Signature: _____

Printed Name: _____ Parent D.O.B.: _____

(Parent DOB is needed for the State lab. They will not accept a requisition on a minor without the parent DOB)